

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1562-62-011078
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149
FILED APR 2 1962 Primary Registration District No. 1002 Registrar's No.VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

-DOCUMENT

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

38 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION General # 1

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1333 East 13th

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Richard

Middle

Last

James

4. DATE OF DEATH

Month

Day

Year

March 17, 1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-7-01

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Crowville, La.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Viola Hicks, 3318 East 21st.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Sepsis - 1st & 2nd degree Burns. 40% body.

DUE TO (c)

House Fire

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

3/7/62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

1333 E 13

20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson, Mo

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her/him live on _____.

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Deputy Coroner

22b. ADDRESS

1618 India Ave

22c. DATE SIGNED

3/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-21-62

23c. NAME OF CEMETERY OR CREMATORY

Lincoln

23d. LOCATION (City, town, or county)

Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Jones & Stevens, 2315 Linwood

25. DATE RECD. BY LOCAL REG.

3-19-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK

OR

TYPEWRITER RIBBON

BY AFFIDAVIT OF

M. Tillman

MEDICAL CERTIFICATION.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.